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Group Art No. 2775

Docket No: INTL-0219-US (P7127)



Title: LIQUID CRYSTAL  
SEMICONDUCTOR DISPLAY  
WITH ON-CHIP STORAGE

Assistant Commissioner of Patents and Trademarks  
Washington, DC 20231

TC 7127  
60 MAIL ROOM

13-15

Applicant submits the references listed on the attached form PTO 1449, copies of which are enclosed. This statement is being filed within three months of the filing date of the application. Please apply any charges or credits to Deposit Account No. 20-1504 (INTL-0219-US).

Respectfully submitted,

10/25/99

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I hereby certify under 37 CFR 1.8(a) that this correspondence is being deposited with the United States Postal Service as **first class mail** with sufficient postage on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, DC 20231.

Corey McGowan

| <b>INFORMATION DISCLOSURE CITATION</b><br>(Use several sheets if necessary)   |    |                 |          | ATTY DOCKET NO.<br>INTL-0219-US (P7127)     |       | SERIAL NO.<br>09/365,363 |                               |    |
|-------------------------------------------------------------------------------|----|-----------------|----------|---------------------------------------------|-------|--------------------------|-------------------------------|----|
|                                                                               |    |                 |          | APPLICANT(S):<br>Scott A. Rosenberg, et al. |       |                          |                               |    |
|                                                                               |    |                 |          | FILING DATE:<br>July 30, 1999               |       | GROUP ART UNIT:<br>2775  |                               |    |
|                                                                               |    |                 |          |                                             |       |                          |                               |    |
| <b>U.S. PATENT DOCUMENTS</b>                                                  |    |                 |          |                                             |       |                          |                               |    |
| *EXAMINER<br>INITIAL                                                          |    | DOCUMENT NUMBER | DATE     | NAME                                        | CLASS | SUBCLASS                 | FILING DATE<br>IF APPROPRIATE |    |
| <i>MR</i>                                                                     | A. | 5,471,225       | 11/28/95 | Parks                                       | 345   | 98                       | 5/17/94                       |    |
|                                                                               | B. |                 |          |                                             |       |                          |                               |    |
|                                                                               | C. |                 |          |                                             |       |                          |                               |    |
|                                                                               | D. |                 |          |                                             |       |                          |                               |    |
|                                                                               | E. |                 |          |                                             |       |                          |                               |    |
|                                                                               | F. |                 |          |                                             |       |                          |                               |    |
|                                                                               | G. |                 |          |                                             |       |                          |                               |    |
|                                                                               | H. |                 |          |                                             |       |                          |                               |    |
|                                                                               | I. |                 |          |                                             |       |                          |                               |    |
| <b>FOREIGN PATENT DOCUMENTS</b>                                               |    |                 |          |                                             |       |                          |                               |    |
|                                                                               |    | DOCUMENT NUMBER | DATE     | COUNTRY                                     | CLASS | SUBCLASS                 | TRANSLATION                   |    |
|                                                                               |    |                 |          |                                             |       |                          | YES                           | NO |
|                                                                               | J. |                 |          |                                             |       |                          |                               |    |
|                                                                               | K. |                 |          |                                             |       |                          |                               |    |
|                                                                               | L. |                 |          |                                             |       |                          |                               |    |
| <b>OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)</b> |    |                 |          |                                             |       |                          |                               |    |
|                                                                               | M. |                 |          |                                             |       |                          |                               |    |
|                                                                               | N. |                 |          |                                             |       |                          |                               |    |
|                                                                               | O. |                 |          |                                             |       |                          |                               |    |
|                                                                               | P. |                 |          |                                             |       |                          |                               |    |
|                                                                               | Q. |                 |          |                                             |       |                          |                               |    |
|                                                                               | R. |                 |          |                                             |       |                          |                               |    |
|                                                                               | S. |                 |          |                                             |       |                          |                               |    |
|                                                                               | T. |                 |          |                                             |       |                          |                               |    |
|                                                                               | U. |                 |          |                                             |       |                          |                               |    |
|                                                                               | V. |                 |          |                                             |       |                          |                               |    |
|                                                                               | W. |                 |          |                                             |       |                          |                               |    |
| EXAMINER<br><i>MR</i>                                                         |    |                 |          | DATE CONSIDERED<br>3/22/01                  |       |                          |                               |    |

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.